## Children's Rehabilitative Services (CRS) Referral Application Process Turn Around Document (TAD)

Number of Pages including Cover: \_\_\_\_\_

Date sent to DES:	CRS Patient Nar	ne:			
To DES Contact:	From CRS Contac	t:	To CRS Contact:		
FAX Number (Include Area Code):	FAX Number (Include	le Area Code):	FAX Number (Include Ar	ea Code):	
Phone No (Include Area Code):	Phone No (Include Ar	ea Code):	Phone No (Include Area C	ode):	
Verification Documents	List the document used for verification				
Residence					
Identity					
Citizenship					
Alien Status (when applicable)					
Social Security Number					
Dependent Care Expense					
Income					
Include Copy of Application	Date of Application:				
To Be Completed by	DES and Returned t	o Children'	s Rehabilitative Servic	es	
Case Name:			Case Number:		
Date TAD/Documents Received at DES:	Effective Date of Eligibility:		Application Denied . Reason:		
Date Notice Sent to Applicant:	Elc Name:		Phone No:	Site Code:	

## Completion Instruction for Children's Rehabilitative Services (CRS) Referral Process Turn Around Document (TAD)

- A. Purpose. This form will enable the CRS provider and Department of Economic Security (DES) staff to transmit information for the Medical Assistance eligibility process. It will also enable the provider to identify the information used to verify the factors of eligibility being sent to DES. This form will also provide a means for DES staff to send the Medical Assistance determination information to the provider.
- B. Completion. All items are self-explanatory except the following:
  - 1. The provider completes the top portion.
  - 2. The DES local office completes the portions marked **To Be Completed By DES and Returned to Children's Rehabilitative Services**.

Complete a systems check to determine whether the applicant has an ACTIVE, INACTIVE, or PENDING case.

If the case is **DENIED**, enter the specific reason for denial. The reason code is **not** acceptable.

- C. Routing. FAX to the DES local office.
- D. Retention. Retain in accordance with the providers and DESqpolicies and procedures.